## House File 626

| 1  | Amend House File 626 as follows:                                   |
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| 2  | <pre>l. Page, after line by inserting:</pre>                       |
| 3  | <division< td=""></division<>                                      |
| 4  | PERSONS WITH SUBSTANCE-RELATED DISORDERS                           |
| 5  | AND PERSONS WITH MENTAL ILLNESS                                    |
| 6  | Sec Section 125.1, subsection 1, Code 2011,                        |
| 7  | is amended to read as follows:                                     |
| 8  | 1. That substance abusers and persons suffering                    |
| 9  | <pre>from chemical dependency persons with substance-related</pre> |
| 10 | disorders be afforded the opportunity to receive                   |
| 11 | quality treatment and directed into rehabilitation                 |
| 12 | services which will help them resume a socially                    |
| 13 | acceptable and productive role in society.                         |
| 14 | Sec Section 125.2, subsection 2, Code 2011,                        |
| 15 | is amended by striking the subsection.                             |
| 16 | Sec Section 125.2, subsection 5, Code 2011,                        |
| 17 | is amended by striking the subsection and inserting in             |
| 18 | lieu thereof the following:  |
| 19 | 5. "Substance-related disorder" means a diagnosable                |
| 20 | substance abuse disorder of sufficient duration to meet            |
| 21 | diagnostic criteria specified within the most current              |
| 22 | diagnostic and statistical manual of mental disorders              |
|    | published by the American psychiatric association that             |
| 24 | results in a functional impairment.                                |
| 25 | Sec Section 125.2, subsection 9, Code 2011,                        |
|    | is amended to read as follows:                                     |
| 27 | 9. "Facility" means an institution, a                              |
|    | detoxification center, or an installation providing                |
| 29 | care, maintenance and treatment for substance abusers              |
| 30 | persons with substance-related disorders licensed                  |
| 31 | by the department under section 125.13, hospitals                  |
|    | licensed under chapter 135B, or the state mental health            |
|    | institutes designated by chapter 226.                              |
| 34 | Sec Section 125.2, subsections 13, 17, and                         |

- 1 18, Code 2011, are amended by striking the subsections.
- 2 Sec. . Section 125.9, subsections 2 and 4, Code
- 3 2011, are amended to read as follows:
- 4 2. Make contracts necessary or incidental to the
- 5 performance of the duties and the execution of the
- 6 powers of the director, including contracts with public
- 7 and private agencies, organizations and individuals
- 8 to pay them for services rendered or furnished to
- 9 substance abusers, chronic substance abusers, or
- 10 intoxicated persons persons with substance-related
- ll disorders.
- 12 4. Coordinate the activities of the department and
- 13 cooperate with substance abuse programs in this and
- 14 other states, and make contracts and other joint or
- 15 cooperative arrangements with state, local or private
- 16 agencies in this and other states for the treatment
- 17 of substance abusers, chronic substance abusers, and
- 18 intoxicated persons persons with substance-related
- 19 disorders and for the common advancement of substance
- 20 abuse programs.
- 21 Sec. . Section 125.10, subsections 2, 3, 4, 5,
- 22 7, 8, 9, 11, 13, 15, and 17, Code 2011, are amended to
- 23 read as follows:
- 24 2. Develop, encourage, and foster statewide,
- 25 regional and local plans and programs for the
- 26 prevention of substance abuse misuse and the treatment
- 27 of substance abusers, chronic substance abusers, and
- 28 intoxicated persons persons with substance-related
- 29 disorders in cooperation with public and private
- 30 agencies, organizations and individuals, and provide
- 31 technical assistance and consultation services for
- 32 these purposes.
- 33 3. Coordinate the efforts and enlist the assistance
- 34 of all public and private agencies, organizations and

- 1 individuals interested in the prevention of substance
- 2 abuse and the treatment of substance abusers, chronic
- 3 substance abusers, and intoxicated persons persons with
- 4 substance-related disorders.
- 5 4. Cooperate with the department of human
- 6 services and the Iowa department of public health
- 7 in establishing and conducting programs to provide
- 8 treatment for substance abusers, chronic substance
- 9 abusers, and intoxicated persons with
- 10 substance-related disorders.
- 11 5. Cooperate with the department of education,
- 12 boards of education, schools, police departments,
- 13 courts, and other public and private agencies,
- 14 organizations, and individuals in establishing programs
- 15 for the prevention of substance abuse and the treatment
- 16 of substance abusers, chronic substance abusers, and
- 17 intoxicated persons persons with substance-related
- 18 disorders, and in preparing relevant curriculum
- 19 materials for use at all levels of school education.
- 7. Develop and implement, as an integral part
- 21 of treatment programs, an educational program for
- 22 use in the treatment of substance abusers, chronic
- 23 substance abusers, and intoxicated persons persons
- 24 with substance-related disorders, which program shall
- 25 include the dissemination of information concerning the
- 26 nature and effects of chemical substances.
- 27 8. Organize and implement, in cooperation with
- 28 local treatment programs, training programs for all
- 29 persons engaged in treatment of substance abusers,
- 30 chronic substance abusers, and intoxicated persons
- 31 persons with substance-related disorders.
- 32 9. Sponsor and implement research in cooperation
- 33 with local treatment programs into the causes and
- 34 nature of substance abuse misuse and treatment of

- 1 substance abusers, chronic substance abusers, and
- 2 intoxicated persons persons with substance-related
- 3 disorders, and serve as a clearing house for
- 4 information relating to substance abuse.
- 5 11. Develop and implement, with the counsel and
- 6 approval of the board, the comprehensive plan for
- 7 treatment of substance abusers, chronic substance
- 8 abusers, and intoxicated persons with
- 9 substance-related disorders in accordance with this
- 10 chapter.
- 11 13. Utilize the support and assistance of
- 12 interested persons in the community, particularly
- 13 recovered substance abusers and chronic substance
- 14 abusers, persons who have recovered from
- 15 substance-related disorders to encourage substance
- 16 abusers and chronic substance abusers persons with
- 17 substance-related disorders to voluntarily undergo
- 18 treatment.
- 19 15. Encourage general hospitals and other
- 20 appropriate health facilities to admit without
- 21 discrimination substance abusers, chronic substance
- 22 abusers, and intoxicated persons with
- 23 substance-related disorders and to provide them with
- 24 adequate and appropriate treatment. The director may
- 25 negotiate and implement contracts with hospitals and
- 26 other appropriate health facilities with adequate
- 27 detoxification facilities.
- 28 17. Review all state health, welfare, education and
- 29 treatment proposals to be submitted for federal funding
- 30 under federal legislation, and advise the governor on
- 31 provisions to be included relating to substance abuse,
- 32 substance abusers, chronic substance abusers, and
- 33 intoxicated persons and persons with substance-related
- 34 disorders.

- 1 Sec. \_\_\_. Section 125.12, subsections 1 and 3, Code
- 2 2011, are amended to read as follows:
- 3 1. The board shall review the comprehensive
- 4 substance abuse program implemented by the department
- 5 for the treatment of substance abusers, chronic
- 6 substance abusers, intoxicated persons persons with
- 7 substance-related disorders, and concerned family
- 8 members. Subject to the review of the board, the
- 9 director shall divide the state into appropriate
- 10 regions for the conduct of the program and establish
- 11 standards for the development of the program on
- 12 the regional level. In establishing the regions,
- 13 consideration shall be given to city and county lines,
- 14 population concentrations, and existing substance abuse
- 15 treatment services.
- 16 3. The director shall provide for adequate and
- 17 appropriate treatment for substance abusers, chronic
- 18 substance abusers, intoxicated persons persons with
- 19 substance-related disorders, and concerned family
- 20 members admitted under sections 125.33 and 125.34, or
- 21 under section 125.75, 125.81, or 125.91. Treatment
- 22 shall not be provided at a correctional institution
- 23 except for inmates.
- 24 Sec. . Section 125.13, subsection 1, paragraph
- 25 a, Code 2011, is amended to read as follows:
- 26 a. Except as provided in subsection 2, a person
- 27 shall not maintain or conduct any chemical substitutes
- 28 or antagonists program, residential program, or
- 29 nonresidential outpatient program, the primary purpose
- 30 of which is the treatment and rehabilitation of
- 31 substance abusers or chronic substance abusers persons
- 32 with substance-related disorders without having first
- 33 obtained a written license for the program from the
- 34 department.

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1 Sec. . Section 125.13, subsection 2, paragraphs
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- 2 a and c, Code 2011, are amended to read as follows:
- 3 a. A hospital providing care or treatment to
- 4 substance abusers or chronic substance abusers persons
- 5 with substance-related disorders licensed under chapter
- 6 135B which is accredited by the joint commission
- 7 on the accreditation of health care organizations,
- 8 the commission on accreditation of rehabilitation
- 9 facilities, the American osteopathic association, or
- 10 another recognized organization approved by the board.
- 11 All survey reports from the accrediting or licensing
- 12 body must be sent to the department.
- 13 c. Private institutions conducted by and
- 14 for persons who adhere to the faith of any well
- 15 recognized church or religious denomination for the
- 16 purpose of providing care, treatment, counseling,
- 17 or rehabilitation to substance abusers or chronic
- 18 substance abusers persons with substance-related
- 19 disorders and who rely solely on prayer or other
- 20 spiritual means for healing in the practice of religion
- 21 of such church or denomination.
- 22 Sec. . Section 125.15, Code 2011, is amended to
- 23 read as follows:
- 24 125.15 Inspections.
- 25 The department may inspect the facilities and review
- 26 the procedures utilized by any chemical substitutes
- 27 or antagonists program, residential program, or
- 28 nonresidential outpatient program that has as a
- 29 primary purpose the treatment and rehabilitation of
- 30 substance abusers or chronic substance abusers persons
- 31 with substance-related disorders, for the purpose of
- 32 ensuring compliance with this chapter and the rules
- 33 adopted pursuant to this chapter. The examination
- 34 and review may include case record audits and

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1 interviews with staff and patients, consistent with the
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- 2 confidentiality safeguards of state and federal law.
- 3 Sec. . Section 125.32, unnumbered paragraph 1,
- 4 Code 2011, is amended to read as follows:
- 5 The department shall adopt and may amend and repeal
- 6 rules for acceptance of persons into the treatment
- 7 program, subject to chapter 17A, considering available
- 8 treatment resources and facilities, for the purpose of
- 9 early and effective treatment of substance abusers,
- 10 chronic substance abusers, intoxicated persons, persons
- 11 with substance-related disorders and concerned family
- 12 members. In establishing the rules the department
- 13 shall be guided by the following standards:
- 14 Sec. . Section 125.33, subsections 1, 3, and 4,
- 15 Code 2011, are amended to read as follows:
- 16 1. A substance abuser or chronic substance abuser
- 17 person with a substance-related disorder may apply
- 18 for voluntary treatment or rehabilitation services
- 19 directly to a facility or to a licensed physician and
- 20 surgeon or osteopathic physician and surgeon. If the
- 21 proposed patient is a minor or an incompetent person, a
- 22 parent, a legal guardian or other legal representative
- 23 may make the application. The licensed physician
- 24 and surgeon or osteopathic physician and surgeon or
- 25 any employee or person acting under the direction or
- 26 supervision of the physician and surgeon or osteopathic
- 27 physician and surgeon, or the facility shall not
- 28 report or disclose the name of the person or the fact
- 29 that treatment was requested or has been undertaken
- 30 to any law enforcement officer or law enforcement
- 31 agency; nor shall such information be admissible as
- 32 evidence in any court, grand jury, or administrative
- 33 proceeding unless authorized by the person seeking
- 34 treatment. If the person seeking such treatment or

- 1 rehabilitation is a minor who has personally made
- 2 application for treatment, the fact that the minor
- 3 sought treatment or rehabilitation or is receiving
- 4 treatment or rehabilitation services shall not be
- 5 reported or disclosed to the parents or legal guardian
- 6 of such minor without the minor's consent, and the
- 7 minor may give legal consent to receive such treatment
- 8 and rehabilitation.
- 3. A substance abuser or chronic substance abuser
- 10 person with a substance-related disorder seeking
- 11 treatment or rehabilitation and who is either addicted
- 12 or dependent on a chemical substance may first be
- 13 examined and evaluated by a licensed physician and
- 14 surgeon or osteopathic physician and surgeon who may
- 15 prescribe a proper course of treatment and medication,
- 16 if needed. The licensed physician and surgeon
- 17 or osteopathic physician and surgeon may further
- 18 prescribe a course of treatment or rehabilitation
- 19 and authorize another licensed physician and surgeon
- 20 or osteopathic physician and surgeon or facility to
- 21 provide the prescribed treatment or rehabilitation
- 22 services. Treatment or rehabilitation services may
- 23 be provided to a person individually or in a group.
- 24 A facility providing or engaging in treatment or
- 25 rehabilitation shall not report or disclose to a law
- 26 enforcement officer or law enforcement agency the name
- 27 of any person receiving or engaged in the treatment
- 28 or rehabilitation; nor shall a person receiving or
- 29 participating in treatment or rehabilitation report
- 30 or disclose the name of any other person engaged in
- 31 or receiving treatment or rehabilitation or that the
- 32 program is in existence, to a law enforcement officer
- 33 or law enforcement agency. Such information shall
- 34 not be admitted in evidence in any court, grand jury,

- 1 or administrative proceeding. However, a person
- 2 engaged in or receiving treatment or rehabilitation
- 3 may authorize the disclosure of the person's name and
- 4 individual participation.
- 5 4. If a patient receiving inpatient or residential
- 6 care leaves a facility, the patient shall be encouraged
- 7 to consent to appropriate outpatient or halfway house
- 8 treatment. If it appears to the administrator in
- 9 charge of the facility that the patient is a substance
- 10 abuser or chronic substance abuser person with a
- 11 substance-related disorder who requires help, the
- 12 director may arrange for assistance in obtaining
- 13 supportive services.
- 14 Sec. . Section 125.34, Code 2011, is amended to
- 15 read as follows:
- 16 125.34 Treatment and services for intoxicated
- 17 persons and persons incapacitated by alcohol persons
- 18 with substance-related disorders due to intoxication and
- 19 substance-induced incapacitation.
- 20 1. An intoxicated A person with a substance-related
- 21 disorder due to intoxication or substance-induced
- 22 incapacitation may come voluntarily to a facility
- 23 for emergency treatment. A person who appears to be
- 24 intoxicated or incapacitated by a chemical substance
- 25 in a public place and in need of help may be taken to a
- 26 facility by a peace officer under section 125.91. If
- 27 the person refuses the proffered help, the person may
- 28 be arrested and charged with intoxication under section
- 29 123.46, if applicable.
- 30 2. If no facility is readily available the
- 31 person may be taken to an emergency medical service
- 32 customarily used for incapacitated persons. The
- 33 peace officer in detaining the person and in taking
- 34 the person to a facility shall make every reasonable

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- 1 effort to protect the person's health and safety. In
- 2 detaining the person the detaining officer may take
- 3 reasonable steps for self-protection. Detaining a
- 4 person under section 125.91 is not an arrest and no
- 5 entry or other record shall be made to indicate that
- 6 the person who is detained has been arrested or charged
- 7 with a crime.
- 8 3. A person who arrives at a facility and
- 9 voluntarily submits to examination shall be examined by
- 10 a licensed physician, physician assistant, or advanced
- 11 registered nurse practitioner as soon as possible after
- 12 the person arrives at the facility. The person may
- 13 then be admitted as a patient or referred to another
- 14 health facility. The referring facility shall arrange
- 15 for transportation.
- 16 4. If a person is voluntarily admitted to a
- 17 facility, the person's family or next of kin shall be
- 18 notified as promptly as possible. If an adult patient
- 19 who is not incapacitated requests that there be no
- 20 notification, the request shall be respected.
- 21 5. A peace officer who acts in compliance with
- 22 this section is acting in the course of the officer's
- 23 official duty and is not criminally or civilly liable
- 24 therefor, unless such acts constitute willful malice
- 25 or abuse.
- 26 6. If the physician, physician assistant, or
- 27 advanced registered nurse practitioner in charge of the
- 28 facility determines it is for the patient's benefit,
- 29 the patient shall be encouraged to agree to further
- 30 diagnosis and appropriate voluntary treatment.
- 31 7. A licensed physician and surgeon or osteopathic
- 32 physician and surgeon, a physician assistant, an
- 33 advanced registered nurse practitioner, a facility
- 34 administrator, or an employee or a person acting as

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1 or on behalf of the facility administrator, is not
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- 2 criminally or civilly liable for acts in conformity
- 3 with this chapter, unless the acts constitute willful
- 4 malice or abuse.
- 5 Sec. . Section 125.43, Code 2011, is amended to
- 6 read as follows:
- 7 125.43 Funding at mental health institutes.
- 8 Chapter 230 governs the determination of the
- 9 costs and payment for treatment provided to substance
- 10 abusers or chronic substance abusers persons with
- 11 substance-related disorders in a mental health
- 12 institute under the department of human services,
- 13 except that the charges are not a lien on real estate
- 14 owned by persons legally liable for support of the
- 15 substance abuser or chronic substance abuser person
- 16 with a substance-related disorder and the daily per
- 17 diem shall be billed at twenty-five percent. The
- 18 superintendent of a state hospital shall total only
- 19 those expenditures which can be attributed to the
- 20 cost of providing inpatient treatment to substance
- 21 abusers or chronic substance abusers persons with
- 22 substance-related disorders for purposes of determining
- 23 the daily per diem. Section 125.44 governs the
- 24 determination of who is legally liable for the cost
- 25 of care, maintenance, and treatment of a substance
- 26 abuser or chronic substance abuser person with a
- 27 substance-related disorder and of the amount for which
- 28 the person is liable.
- 29 Sec. . Section 125.43A, Code 2011, is amended to
- 30 read as follows:
- 31 125.43A Prescreening exception.
- 32 Except in cases of medical emergency or
- 33 court-ordered admissions, a person shall be admitted
- 34 to a state mental health institute for substance

- 1 abuse treatment only after a preliminary intake and
- 2 assessment by a department-licensed treatment facility
- 3 or a hospital providing care or treatment for substance
- 4 abusers persons with substance-related disorders
- 5 licensed under chapter 135B and accredited by the
- 6 joint commission on the accreditation of health care
- 7 organizations, the commission on accreditation of
- 8 rehabilitation facilities, the American osteopathic
- 9 association, or another recognized organization
- 10 approved by the board, or by a designee of a
- 11 department-licensed treatment facility or a hospital
- 12 other than a state mental health institute, which
- 13 confirms that the admission is appropriate to the
- 14 person's substance abuse service needs. A county board
- 15 of supervisors may seek an admission of a patient
- 16 to a state mental health institute who has not been
- 17 confirmed for appropriate admission and the county
- 18 shall be responsible for one hundred percent of the
- 19 cost of treatment and services of the patient.
- 20 Sec. . Section 125.44, Code 2011, is amended to
- 21 read as follows:
- 22 125.44 Agreements with facilities liability for
- 23 costs.
- 24 The director may, consistent with the comprehensive
- 25 substance abuse program, enter into written
- 26 agreements with a facility as defined in section
- 27 125.2 to pay for one hundred percent of the cost of
- 28 the care, maintenance, and treatment of substance
- 29 abusers and chronic substance abusers persons with
- 30 substance-related disorders, except when section
- 31 125.43A applies. All payments for state patients shall
- 32 be made in accordance with the limitations of this
- 33 section. Such contracts shall be for a period of no
- 34 more than one year.

- 1 The contract may be in the form and contain
- 2 provisions as agreed upon by the parties. The contract
- 3 shall provide that the facility shall admit and
- 4 treat substance abusers and chronic substance abusers
- 5 persons with substance-related disorders regardless
- 6 of where they have residence. If one payment for
- 7 care, maintenance, and treatment is not made by the
- 8 patient or those legally liable for the patient, the
- 9 payment shall be made by the department directly to
- 10 the facility. Payments shall be made each month and
- 11 shall be based upon the rate of payment for services
- 12 negotiated between the department and the contracting
- 13 facility. If a facility projects a temporary cash flow
- 14 deficit, the department may make cash advances at the
- 15 beginning of each fiscal year to the facility. The
- 16 repayment schedule for advances shall be part of the
- 17 contract between the department and the facility. This
- 18 section does not pertain to patients treated at the
- 19 mental health institutes.
- 20 If the appropriation to the department is
- 21 insufficient to meet the requirements of this section,
- 22 the department shall request a transfer of funds and
- 23 section 8.39 shall apply.
- 24 The substance abuser or chronic substance abuser
- 25 person with a substance-related disorder is legally
- 26 liable to the facility for the total amount of the cost
- 27 of providing care, maintenance, and treatment for the
- 28 substance abuser or chronic substance abuser person
- 29 with a substance-related disorder while a voluntary or
- 30 committed patient in a facility. This section does not
- 31 prohibit any individual from paying any portion of the
- 32 cost of treatment.
- 33 The department is liable for the cost of
- 34 care, treatment, and maintenance of substance

- 1 abusers and chronic substance abusers persons with
- 2 substance-related disorders admitted to the facility
- 3 voluntarily or pursuant to section 125.75, 125.81,
- 4 or 125.91 or section 321J.3 or 124.409 only to those
- 5 facilities that have a contract with the department
- 6 under this section, only for the amount computed
- 7 according to and within the limits of liability
- 8 prescribed by this section, and only when the substance
- 9 abuser or chronic substance abuser person with a
- 10 substance-related disorder is unable to pay the costs
- 11 and there is no other person, firm, corporation, or
- 12 insurance company bound to pay the costs.
- 13 The department's maximum liability for the costs
- 14 of care, treatment, and maintenance of substance
- 15 abusers and chronic substance abusers persons with
- 16 substance-related disorders in a contracting facility
- 17 is limited to the total amount agreed upon by the
- 18 parties and specified in the contract under this
- 19 section.
- 20 Sec. . Section 125.46, Code 2011, is amended to
- 21 read as follows:
- 22 125.46 County of residence determined.
- 23 The facility shall, when a substance abuser
- 24 or chronic substance abuser person with a
- 25 substance-related disorder is admitted, or as
- 26 soon thereafter as it receives the proper information,
- 27 determine and enter upon its records the Iowa county of
- 28 residence of the substance abuser or chronic substance
- 29 abuser person with a substance-related disorder, or
- 30 that the person resides in some other state or country,
- 31 or that the person is unclassified with respect to
- 32 residence.
- 33 Sec. . Section 125.75, unnumbered paragraph 1,
- 34 Code 2011, is amended to read as follows:

- 1 Proceedings for the involuntary commitment or
- 2 treatment of a chronic substance abuser person with
- 3 a substance-related disorder to a facility may be
- 4 commenced by the county attorney or an interested
- 5 person by filing a verified application with the
- 6 clerk of the district court of the county where
- 7 the respondent is presently located or which is
- 8 the respondent's place of residence. The clerk or
- 9 the clerk's designee shall assist the applicant in
- 10 completing the application. The application shall:
- 11 Sec. . Section 125.75, subsection 1, Code 2011,
- 12 is amended to read as follows:
- 13 1. State the applicant's belief that the
- 14 respondent is a chronic substance abuser person with a
- 15 substance-related disorder.
- 16 Sec. \_\_\_. Section 125.80, subsections 3 and 4, Code
- 17 2011, are amended to read as follows:
- 18 3. If the report of a court-designated physician
- 19 is to the effect that the respondent is not a chronic
- 20 substance abuser person with a substance-related
- 21 disorder, the court, without taking further action, may
- 22 terminate the proceeding and dismiss the application on
- 23 its own motion and without notice.
- 24 4. If the report of a court-designated physician
- 25 is to the effect that the respondent is a chronic
- 26 substance abuser person with a substance-related
- 27 disorder, the court shall schedule a commitment
- 28 hearing as soon as possible. The hearing shall be
- 29 held not more than forty-eight hours after the report
- 30 is filed, excluding Saturdays, Sundays, and holidays,
- 31 unless an extension for good cause is requested by
- 32 the respondent, or as soon thereafter as possible if
- 33 the court considers that sufficient grounds exist for
- 34 delaying the hearing.

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1 Sec. ___. Section 125.81, subsection 1, Code 2011,
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- 2 is amended to read as follows:
- If a person filing an application requests that
- 4 a respondent be taken into immediate custody, and the
- 5 court upon reviewing the application and accompanying
- 6 documentation, finds probable cause to believe that the
- 7 respondent is a chronic substance abuser person with
- 8 a substance-related disorder who is likely to injure
- 9 the person or other persons if allowed to remain at
- 10 liberty, the court may enter a written order directing
- 11 that the respondent be taken into immediate custody
- 12 by the sheriff, and be detained until the commitment
- 13 hearing, which shall be held no more than five days
- 14 after the date of the order, except that if the fifth
- 15 day after the date of the order is a Saturday, Sunday,
- 16 or a holiday, the hearing may be held on the next
- 17 business day. The court may order the respondent
- 18 detained for the period of time until the hearing is
- 19 held, and no longer except as provided in section
- 20 125.88, in accordance with subsection 2, paragraph
- 21 "a", if possible, and if not, then in accordance with
- 22 subsection 2, paragraph "b", or, only if neither of
- 23 these alternatives is available in accordance with
- 24 subsection 2, paragraph "c".
- 25 Sec. . Section 125.82, subsection 4, Code 2011,
- 26 is amended to read as follows:
- 27 4. The respondent's welfare is paramount, and the
- 28 hearing shall be tried as a civil matter and conducted
- 29 in as informal a manner as is consistent with orderly
- 30 procedure. Discovery as permitted under the Iowa rules
- 31 of civil procedure is available to the respondent. The
- 32 court shall receive all relevant and material evidence,
- 33 but the court is not bound by the rules of evidence.
- 34 A presumption in favor of the respondent exists, and

- 1 the burden of evidence and support of the contentions
- 2 made in the application shall be upon the person who
- 3 filed the application. If upon completion of the
- 4 hearing the court finds that the contention that the
- 5 respondent is a chronic substance abuser person with a
- 6 substance-related disorder has not been sustained by
- 7 clear and convincing evidence, the court shall deny the
- 8 application and terminate the proceeding.
- 9 Sec. . Section 125.83, Code 2011, is amended to
- 10 read as follows:
- 11 125.83 Placement for evaluation.
- 12 If upon completion of the commitment hearing,
- 13 the court finds that the contention that the
- 14 respondent is a chronic substance abuser person with
- 15 a substance-related disorder has been sustained by
- 16 clear and convincing evidence, the court shall order
- 17 the respondent placed at a facility or under the
- 18 care of a suitable facility on an outpatient basis as
- 19 expeditiously as possible for a complete evaluation
- 20 and appropriate treatment. The court shall furnish to
- 21 the facility at the time of admission or outpatient
- 22 placement, a written statement of facts setting forth
- 23 the evidence on which the finding is based. The
- 24 administrator of the facility shall report to the court
- 25 no more than fifteen days after the individual is
- 26 admitted to or placed under the care of the facility,
- 27 which shall include the chief medical officer's
- 28 recommendation concerning substance abuse treatment.
- 29 An extension of time may be granted for a period not
- 30 to exceed seven days upon a showing of good cause. A
- 31 copy of the report shall be sent to the respondent's
- 32 attorney who may contest the need for an extension of
- 33 time if one is requested. If the request is contested,
- 34 the court shall make an inquiry as it deems appropriate

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1 and may either order the respondent released from
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- 2 the facility or grant extension of time for further
- 3 evaluation. If the administrator fails to report to
- 4 the court within fifteen days after the individual is
- 5 admitted to the facility, and no extension of time has
- 6 been requested, the administrator is guilty of contempt
- 7 and shall be punished under chapter 665. The court
- 8 shall order a rehearing on the application to determine
- 9 whether the respondent should continue to be held at
- 10 the facility.
- 11 Sec. . Section 125.83A, subsection 1, Code 2011,
- 12 is amended to read as follows:
- If upon completion of the commitment hearing,
- 14 the court finds that the contention that the
- 15 respondent is a chronic substance abuser person with a
- 16 substance-related disorder has been sustained by clear
- 17 and convincing evidence, and the court is furnished
- 18 evidence that the respondent is eligible for care
- 19 and treatment in a facility operated by the United
- 20 States department of veterans affairs or another
- 21 agency of the United States government and that the
- 22 facility is willing to receive the respondent, the
- 23 court may so order. The respondent, when so placed in
- 24 a facility operated by the United States department
- 25 of veterans affairs or another agency of the United
- 26 States government within or outside of this state,
- 27 shall be subject to the rules of the United States
- 28 department of veterans affairs or other agency, but
- 29 shall not lose any procedural rights afforded the
- 30 respondent by this chapter. The chief officer of the
- 31 facility shall have, with respect to the respondent
- 32 so placed, the same powers and duties as the chief
- 33 medical officer of a hospital in this state would
- 34 have in regard to submission of reports to the court,

- 1 retention of custody, transfer, convalescent leave, or
- 2 discharge. Jurisdiction is retained in the court to
- 3 maintain surveillance of the respondent's treatment and
- 4 care, and at any time to inquire into the respondent's
- 5 condition and the need for continued care and custody.
- 6 Sec. . Section 125.84, subsections 2, 3, and 4,
- 7 Code 2011, are amended to read as follows:
- 8 2. That the respondent is a chronic substance
- 9 abuser person with a substance-related disorder who
- 10 is in need of full-time custody, care, and treatment
- 11 in a facility, and is considered likely to benefit
- 12 from treatment. If the report so states, the court
- 13 shall enter an order which may require the respondent's
- 14 continued placement and commitment to a facility for
- 15 appropriate treatment.
- 16 3. That the respondent is a chronic substance
- 17 abuser person with a substance-related disorder who is
- 18 in need of treatment, but does not require full-time
- 19 placement in a facility. If the report so states,
- 20 the report shall include the chief medical officer's
- 21 recommendation for treatment of the respondent on an
- 22 outpatient or other appropriate basis, and the court
- 23 shall enter an order which may direct the respondent to
- 24 submit to the recommended treatment. The order shall
- 25 provide that if the respondent fails or refuses to
- 26 submit to treatment, as directed by the court's order,
- 27 the court may order that the respondent be taken into
- 28 immediate custody as provided by section 125.81 and,
- 29 following notice and hearing held in accordance with
- 30 the procedures of sections 125.77 and 125.82, may order
- 31 the respondent treated as a patient requiring full-time
- 32 custody, care, and treatment as provided in subsection
- 33 2, and may order the respondent involuntarily committed
- 34 to a facility.

- 1 4. That the respondent is a chronic substance
- 2 abuser person with a substance-related disorder who is
- 3 in need of treatment, but in the opinion of the chief
- 4 medical officer is not responding to the treatment
- 5 provided. If the report so states, the report shall
- 6 include the facility administrator's recommendation
- 7 for alternative placement, and the court shall enter
- 8 an order which may direct the respondent's transfer
- 9 to the recommended placement or to another placement
- 10 after consultation with respondent's attorney and the
- 11 facility administrator who made the report under this
- 12 subsection.
- 13 Sec. \_\_\_. Section 125.91, subsections 1, 2, and 3,
- 14 Code 2011, are amended to read as follows:
- 15 l. The procedure prescribed by this section
- 16 shall only be used for an intoxicated a person with
- 17 a substance-related disorder due to intoxication or
- 18 substance-induced incapacitation who has threatened,
- 19 attempted, or inflicted physical self-harm or harm on
- 20 another, and is likely to inflict physical self-harm or
- 21 harm on another unless immediately detained, or who is
- 22 incapacitated by a chemical substance, if that person
- 23 cannot be taken into immediate custody under sections
- 24 125.75 and 125.81 because immediate access to the court
- 25 is not possible.
- 26 2. a. A peace officer who has reasonable
- 27 grounds to believe that the circumstances described
- 28 in subsection 1 are applicable may, without a
- 29 warrant, take or cause that person to be taken to the
- 30 nearest available facility referred to in section
- 31 125.81, subsection 2, paragraph "b" or "c". Such
- 32 an intoxicated or incapacitated a person with a
- 33 substance-related disorder due to intoxication or
- 34 substance-induced incapacitation who also demonstrates

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1 a significant degree of distress or dysfunction may
2 also be delivered to a facility by someone other
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- 3 than a peace officer upon a showing of reasonable
- 4 grounds. Upon delivery of the person to a facility
- 5 under this section, the examining physician, physician
- 6 assistant, or advanced registered nurse practitioner
- 7 may order treatment of the person, but only to the
- 8 extent necessary to preserve the person's life or to
- 9 appropriately control the person's behavior if the
- 10 behavior is likely to result in physical injury to the
- 11 person or others if allowed to continue. The peace
- 12 officer or other person who delivered the person to
- 13 the facility shall describe the circumstances of the
- 14 matter to the examining physician, physician assistant,
- 15 or advanced registered nurse practitioner. If the
- 16 person is a peace officer, the peace officer may do
- 17 so either in person or by written report. If the
- 18 examining physician, physician assistant, or advanced
- 19 registered nurse practitioner has reasonable grounds
- 20 to believe that the circumstances in subsection 1
- 21 are applicable, the examining physician, physician
- 22 assistant, or advanced registered nurse practitioner
- 23 shall at once communicate with the nearest available
- 24 magistrate as defined in section 801.4, subsection 10.
- 25 The magistrate shall, based upon the circumstances
- 26 described by the examining physician, physician
- 27 assistant, or advanced registered nurse practitioner
- 28 give the examining physician, physician assistant,
- 29 or advanced registered nurse practitioner oral
- 30 instructions either directing that the person be
- 31 released forthwith, or authorizing the person's
- 32 detention in an appropriate facility. The magistrate
- 33 may also give oral instructions and order that the
- 34 detained person be transported to an appropriate

- 1 facility.
- 2 b. If the magistrate orders that the person be
- 3 detained, the magistrate shall, by the close of
- 4 business on the next working day, file a written order
- 5 with the clerk in the county where it is anticipated
- 6 that an application may be filed under section 125.75.
- 7 The order may be filed by facsimile if necessary. The
- 8 order shall state the circumstances under which the
- 9 person was taken into custody or otherwise brought to
- 10 a facility and the grounds supporting the finding of
- 11 probable cause to believe that the person is a chronic
- 12 substance abuser person with a substance-related
- 13 disorder likely to result in physical injury to the
- 14 person or others if not detained. The order shall
- 15 confirm the oral order authorizing the person's
- 16 detention including any order given to transport the
- 17 person to an appropriate facility. The clerk shall
- 18 provide a copy of that order to the chief medical
- 19 officer of the facility attending physician, physician
- 20 assistant, or advanced registered nurse practitioner to
- 21 which the person was originally taken, any subsequent
- 22 facility to which the person was transported, and
- 23 to any law enforcement department or ambulance
- 24 service that transported the person pursuant to the
- 25 magistrate's order.
- 26 3. The chief medical officer of the facility
- 27 attending physician, physician assistant, or advanced
- 28 registered nurse practitioner shall examine and may
- 29 detain the person pursuant to the magistrate's order
- 30 for a period not to exceed forty-eight hours from
- 31 the time the order is dated, excluding Saturdays,
- 32 Sundays, and holidays, unless the order is dismissed
- 33 by a magistrate. The facility may provide treatment
- 34 which is necessary to preserve the person's life or

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1 to appropriately control the person's behavior if the
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- 2 behavior is likely to result in physical injury to the
- 3 person or others if allowed to continue or is otherwise
- 4 deemed medically necessary by the chief medical officer
- 5 attending physician, physician assistant, or advanced
- 6 registered nurse practitioner, but shall not otherwise
- 7 provide treatment to the person without the person's
- 8 consent. The person shall be discharged from the
- 9 facility and released from detention no later than the
- 10 expiration of the forty-eight-hour period, unless an
- 11 application for involuntary commitment is filed with
- 12 the clerk pursuant to section 125.75. The detention
- 13 of a person by the procedure in this section, and not
- 14 in excess of the period of time prescribed by this
- 15 section, shall not render the peace officer, attending
- 16 physician, physician assistant, or advanced registered
- 17 nurse practitioner, or facility detaining the person
- 18 liable in a criminal or civil action for false arrest
- 19 or false imprisonment if the peace officer, physician,
- 20 or facility had reasonable grounds to believe that
- 21 the circumstances described in subsection 1 were
- 22 applicable.
- 23 Sec. . NEW SECTION. 125.95 Advocates duties
- 24 compensation state and county liability.
- 25 l. a. In each county with a population of three
- 26 hundred thousand or more inhabitants, the board
- 27 of supervisors shall appoint an individual who has
- 28 demonstrated by prior activities an informed concern
- 29 for the welfare and rehabilitation of persons with
- 30 substance-related disorders, and who is not an officer
- 31 or employee of the department of public health nor
- 32 of any agency or facility providing care or treatment
- 33 to persons with substance-related disorders, to act
- 34 as an advocate representing the interests of persons

- 1 involuntarily committed by the court, in any matter
- 2 relating to the persons' commitment for treatment
- 3 under section 125.84 or 125.86. In each county with a
- 4 population of under three hundred thousand inhabitants,
- 5 the chief judge of the judicial district encompassing
- 6 the county shall appoint the advocate.
- 7 b. The court or, if the advocate is appointed
- 8 by the county board of supervisors, the board shall
- 9 assign the advocate appointed from the person's county
- 10 of legal settlement to represent the interests of the
- 11 person. If a person has no county of legal settlement,
- 12 the court or, if the advocate is appointed by the
- 13 county board of supervisors, the board shall assign the
- 14 advocate appointed from the county where the treatment
- 15 facility is located to represent the interests of the
- 16 person.
- 17 c. The advocate's responsibility with respect to
- 18 any person shall begin at whatever time the attorney
- 19 employed or appointed to represent that person as
- 20 respondent in commitment proceedings, conducted under
- 21 sections 125.75 to 125.83, reports to the court that
- 22 the attorney's services are no longer required and
- 23 requests the court's approval to withdraw as counsel
- 24 for that person. However, if the person is found
- 25 to be a person with a substance-related disorder at
- 26 the commitment hearing, the attorney representing
- 27 the person shall automatically be relieved of
- 28 responsibility in the case and an advocate shall be
- 29 assigned to the person at the conclusion of the hearing
- 30 unless the attorney indicates an intent to continue the
- 31 attorney's services and the court so directs. If the
- 32 court directs the attorney to remain on the case, the
- 33 attorney shall assume all the duties of an advocate.
- 34 The clerk shall furnish the advocate with a copy of the

- 1 court's order approving the withdrawal and shall inform
- 2 the person of the name of the person's advocate.
- 3 d. With regard to each person whose interests the
- 4 advocate is required to represent pursuant to this
- 5 section, the advocate's duties shall include all of the
- 6 following:
- 7 (1) To review each report submitted pursuant to
- 8 sections 125.84 and 125.86.
- 9 (2) If the advocate is not an attorney, to advise
- 10 the court at any time it appears that the services
- 11 of an attorney are required to properly safeguard the
- 12 person's interests.
- 13 (3) To be readily accessible to communications from
- 14 the person and to originate communications with the
- 15 patient within five days of the person's commitment.
- 16 (4) To visit the person within fifteen days of the
- 17 person's commitment and periodically thereafter.
- 18 (5) To communicate with medical personnel treating
- 19 the person and to review the person's medical records
- 20 pursuant to section 125.93.
- 21 (6) To file with the court quarterly reports, and
- 22 additional reports as the advocate feels necessary
- 23 or as required by the court, in a form prescribed by
- 24 the court. The reports shall state what actions the
- 25 advocate has taken with respect to each person and the
- 26 amount of time spent.
- 27 2. The treatment facility to which a person is
- 28 committed shall grant all reasonable requests of the
- 29 advocate to visit the person, to communicate with
- 30 medical personnel treating the person, and to review
- 31 the person's medical records pursuant to section
- 32 125.93. An advocate shall not disseminate information
- 33 from a person's medical records to any other person
- 34 unless done for official purposes in connection with

- 1 the advocate's duties pursuant to this chapter or when
  2 required by law.
- 3 3. The court or, if the advocate is appointed
- 4 by the county board of supervisors, the board shall
- 5 prescribe reasonable compensation for the services of
- 6 the advocate. The compensation shall be based upon
- 7 the reports filed by the advocate with the court. The
- 8 advocate's compensation shall be paid by the county
- 9 in which the court is located, either on order of the
- 10 court or, if the advocate is appointed by the county
- 11 board of supervisors, on the direction of the board.
- 12 If the advocate is appointed by the court, the advocate
- 13 is an employee of the state for purposes of chapter
- 14 669. If the advocate is appointed by the county board
- 15 of supervisors, the advocate is an employee of the
- 16 county for purposes of chapter 670. If the person or
- 17 another person who is legally liable for the person's
- 18 support is not indigent, the board shall recover the
- 19 costs of compensating the advocate from that other
- 20 person. If that other person has an income level as
- 21 determined pursuant to section 815.9 greater than
- 22 one hundred percent but not more than one hundred
- 23 fifty percent of the poverty guidelines, at least
- 24 one hundred dollars of the advocate's compensation
- 25 shall be recovered in the manner prescribed by the
- 26 county board of supervisors. If that other person
- 27 has an income level as determined pursuant to section
- 28 815.9 greater than one hundred fifty percent of the
- 29 poverty guidelines, at least two hundred dollars of
- 30 the advocate's compensation shall be recovered in
- 31 substantially the same manner prescribed by the county
- 32 board of supervisors as provided in section 815.9.
- 33 Sec. . Section 229.1, subsection 14, Code 2011,
- 34 is amended by striking the subsection and inserting in

- 1 lieu thereof the following:
- 2 14. "Mental health professional" means the same as
- 3 defined in section 228.1.
- 4 Sec. . Section 229.1, subsection 16, Code 2011,
- 5 is amended to read as follows:
- 6 16. "Serious emotional injury" is an injury
- 7 which does not necessarily exhibit any physical
- 8 characteristics, but which can be recognized and
- 9 diagnosed by a licensed physician or other qualified
- 10 mental health professional and which can be causally
- 11 connected with the act or omission of a person who is,
- 12 or is alleged to be, mentally ill.
- 13 Sec. \_\_\_. Section 229.10, subsection 1, paragraphs
- 14 b and c, Code 2011, are amended to read as follows:
- 15 b. Any licensed physician conducting an examination
- 16 pursuant to this section may consult with or request
- 17 the participation in the examination of any qualified
- 18 mental health professional, and may include with or
- 19 attach to the written report of the examination any
- 20 findings or observations by any qualified mental
- 21 health professional who has been so consulted or has so
- 22 participated in the examination.
- 23 c. If the respondent is not taken into custody
- 24 under section 229.11, but the court is subsequently
- 25 informed that the respondent has declined to be
- 26 examined by the licensed physician or physicians
- 27 pursuant to the court order, the court may order
- 28 such limited detention of that the respondent as is
- 29 necessary be detained for a twenty-three-hour period
- 30 to facilitate the examination of the respondent by
- 31 the licensed physician or physicians or other mental
- 32 health professionals. Except as otherwise provided,
- 33 the court may also order that payment be made to the
- 34 appropriate provider for services associated with

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1 the twenty-three-hour detention period under this
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- 2 paragraph.
- 3 Sec. . Section 229.12, subsection 3, paragraph
- 4 b, Code 2011, is amended to read as follows:
- 5 b. The licensed physician or qualified mental
- 6 health professional who examined the respondent shall
- 7 be present at the hearing unless the court for good
- 8 cause finds that the licensed physician's or qualified
- 9 mental health professional's presence or testimony
- 10 is not necessary. The applicant, respondent, and
- 11 the respondent's attorney may waive the presence or
- 12 the telephonic appearance of the licensed physician
- 13 or qualified mental health professional who examined
- 14 the respondent and agree to submit as evidence the
- 15 written report of the licensed physician or qualified
- 16 mental health professional. The respondent's
- 17 attorney shall inform the court if the respondent's
- 18 attorney reasonably believes that the respondent, due
- 19 to diminished capacity, cannot make an adequately
- 20 considered waiver decision. "Good cause" for finding
- 21 that the testimony of the licensed physician or
- 22 qualified mental health professional who examined the
- 23 respondent is not necessary may include but is not
- 24 limited to such a waiver. If the court determines that
- 25 the testimony of the licensed physician or qualified
- 26 mental health professional is necessary, the court may
- 27 allow the licensed physician or the qualified mental
- 28 health professional to testify by telephone.
- 29 Sec. . Section 229.21, subsection 2, Code 2011,
- 30 is amended to read as follows:
- 31 2. When an application for involuntary
- 32 hospitalization under this chapter or an application
- 33 for involuntary commitment or treatment of chronic
- 34 substance abusers persons with substance-related

- 1 disorders under sections 125.75 to 125.94 is filed with
- 2 the clerk of the district court in any county for which
- 3 a judicial hospitalization referee has been appointed,
- 4 and no district judge, district associate judge, or
- 5 magistrate who is admitted to the practice of law in
- 6 this state is accessible, the clerk shall immediately
- 7 notify the referee in the manner required by section
- 8 229.7 or section 125.77. The referee shall discharge
- 9 all of the duties imposed upon the court by sections
- 10 229.7 to 229.22 or sections 125.75 to 125.94 in the
- 11 proceeding so initiated. Subject to the provisions of
- 12 subsection 4, orders issued by a referee, in discharge
- 13 of duties imposed under this section, shall have the
- 14 same force and effect as if ordered by a district
- 15 judge. However, any commitment to a facility regulated
- 16 and operated under chapter 135C, shall be in accordance
- 17 with section 135C.23.
- 18 Sec. . Section 229.21, subsection 3, paragraphs
- 19 a and b, Code 2011, are amended to read as follows:
- 20 a. Any respondent with respect to whom the
- 21 magistrate or judicial hospitalization referee has
- 22 found the contention that the respondent is seriously
- 23 mentally impaired or a chronic substance abuser person
- 24 with a substance-related disorder sustained by clear
- 25 and convincing evidence presented at a hearing held
- 26 under section 229.12 or section 125.82, may appeal from
- 27 the magistrate's or referee's finding to a judge of the
- 28 district court by giving the clerk notice in writing,
- 29 within ten days after the magistrate's or referee's
- 30 finding is made, that an appeal is taken. The appeal
- 31 may be signed by the respondent or by the respondent's
- 32 next friend, guardian, or attorney.
- 33 b. An order of a magistrate or judicial
- 34 hospitalization referee with a finding that the

- 1 respondent is seriously mentally impaired or a chronic
- 2 substance abuser person with a substance-related
- 3 disorder shall include the following notice, located
- 4 conspicuously on the face of the order:
- 5 NOTE: The respondent may appeal from this order to a
- 6 judge of the district court by giving written notice of
- 7 the appeal to the clerk of the district court within
- 8 ten days after the date of this order. The appeal may
- 9 be signed by the respondent or by the respondent's next
- 10 friend, guardian, or attorney. For a more complete
- 11 description of the respondent's appeal rights, consult
- 12 section 229.21 of the Code of Iowa or an attorney.
- 13 Sec. . Section 229.21, subsection 4, Code 2011,
- 14 is amended to read as follows:
- 15 4. If the appellant is in custody under the
- 16 jurisdiction of the district court at the time
- 17 of service of the notice of appeal, the appellant
- 18 shall be discharged from custody unless an order
- 19 that the appellant be taken into immediate custody
- 20 has previously been issued under section 229.11 or
- 21 section 125.81, in which case the appellant shall
- 22 be detained as provided in that section until the
- 23 hospitalization or commitment hearing before the
- 24 district judge. If the appellant is in the custody of
- 25 a hospital or facility at the time of service of the
- 26 notice of appeal, the appellant shall be discharged
- 27 from custody pending disposition of the appeal unless
- 28 the chief medical officer, not later than the end of
- 29 the next secular day on which the office of the clerk
- 30 is open and which follows service of the notice of
- 31 appeal, files with the clerk a certification that in
- 32 the chief medical officer's opinion the appellant is
- 33 seriously mentally ill or a substance abuser person
- 34 with a substance-related disorder. In that case, the

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1 appellant shall remain in custody of the hospital
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- 2 or facility until the hospitalization or commitment
- 3 hearing before the district court.
- 4 Sec. . Section 230.15, unnumbered paragraph 2,
- 5 Code 2011, is amended to read as follows:
- 6 A substance abuser or chronic substance abuser
- 7 person with a substance-related disorder is legally
- 8 liable for the total amount of the cost of providing
- 9 care, maintenance, and treatment for the substance
- 10 abuser or chronic substance abuser person with a
- 11 substance-related disorder while a voluntary or
- 12 committed patient. When a portion of the cost is paid
- 13 by a county, the substance abuser or chronic substance
- 14 abuser person with a substance-related disorder is
- 15 legally liable to the county for the amount paid.
- 16 The substance abuser or chronic substance abuser
- 17 person with a substance-related disorder shall assign
- 18 any claim for reimbursement under any contract of
- 19 indemnity, by insurance or otherwise, providing for
- 20 the abuser's person's care, maintenance, and treatment
- 21 in a state hospital to the state. Any payments
- 22 received by the state from or on behalf of a substance
- 23 abuser or chronic substance abuser person with a
- 24 substance-related disorder shall be in part credited
- 25 to the county in proportion to the share of the costs
- 26 paid by the county. Nothing in this section shall be
- 27 construed to prevent a relative or other person from
- 28 voluntarily paying the full actual cost or any portion
- 29 of the care and treatment of any person with mental
- 30 illness, substance abuser, or chronic substance abuser
- 31 or a substance-related disorder as established by the
- 32 department of human services.
- 33 Sec. . Section 232.116, subsection 1, paragraph
- 34 l, subparagraph (2), Code 2011, is amended to read as

- 1 follows:
- 2 (2) The parent has a severe, chronic substance
- 3 abuse problem, substance-related disorder and presents
- 4 a danger to self or others as evidenced by prior acts.>
- 5 2. Page 3, after line 24 by inserting:
- 6 <Sec. . Section 600A.8, subsection 8, paragraph
- 7 a, Code 2011, is amended to read as follows:
- 8 a. The parent has been determined to be a chronic
- 9 substance abuser person with a substance-related
- 10 disorder as defined in section 125.2 and the parent has
- 11 committed a second or subsequent domestic abuse assault
- 12 pursuant to section 708.2A.
- 13 Sec. . Section 602.4201, subsection 3, paragraph
- 14 h, Code 2011, is amended to read as follows:
- 15 h. Involuntary commitment or treatment of substance
- 16 abusers persons with a substance-related disorders.
- 17 Sec. . CONFORMING PROVISIONS. The legislative
- 18 services agency shall prepare a study bill for
- 19 consideration by the committee on human resources
- 20 of the senate and the house of representatives for
- 21 the 2012 legislative session, providing any addition
- 22 necessary conforming Code changes for implementation of
- 23 the provisions of this division of this Act.
- 24 Sec. . EFFECTIVE DATE. This division of this
- 25 Act takes effect July 1, 2012.>
- 26 3. Title page, by striking line 1 and inserting <An</p>
- 27 Act relating to mental>
- 28 4. By renumbering as necessary.

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